Mail to:

Division of Compliance Assistance Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601

CONTINUING EDUCATION TO A 11 (F)

Commonwealth of Kentucky
Department for Environmental Protection

Application for Certification Renewal

Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment

Telephone: 800-926-8111 www.dca.ky.gov/certification

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Do no	t write	in	th	is	sp	ac	e.

APPLICANT INF	<u>ORMATION</u>						
Name (First)	(Middle Initial)	(Last)		Agency Inter	rest N	lumber (As	shown on wallet card)
Certification Type	(As shown on wallet card)			Certification	Num	iber (As sho	wn on wallet card)
Address (Number A	and Street)		City			State	Zip Code
E-Mail Address		Home Phone N	Home Phone Number		Business Phone Number		
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FACILITY INFORMATION List all facilities where you currently work as a certified operator. If more space is needed, attach additional sheets to this form.						
Facility Name		County	Facility Agency Interest #	Phone #		

CONTINUING E		C C					
to applying for certification renewal. If more space is needed, attach additional sheets to this form.							
Course Code (Available from DCA or the training vendor)	Tr Tr'il	Sponsor or Presenter	Date	Hours Earned			
	Training Course Title			Drinking Water	Wastewater		

Renewal applications must be submitted with a check or money order made payable to the Kentucky State Treasurer. Applications submitted without payment will not be processed. Renewal fees are as follows:

- Certification renewal fee if submitted prior to certification's expiration date.....\$35.00
- Certification renewal fee if submitted after the certification's expiration date.....\$70.00
- Limited certification renewal fee if submitted prior to the certification's expiration date......\$20.00 Note: Operators with limited certifications that do not renew on time must retest.



Amount Paid:_____
Check Number:_____
Do not write in this space.